

Overload Request Form

College of Technology

This form must be completely filled out, approved by your advisor and department chairperson and submitted to the Dean in S101 of the Kansas Technology Center. Attach a copy of your transcript, current class schedule and your degree audit to this document.

Name: _____

Student ID: _____

Major: _____

Grade Point Average: _____

Overload requested: _____

Intended Grad. Date: _____

Reason for request: *(Provide a detailed explanation of your request. Use additional pages if needed)*

Student Signature: _____

Date: _____

Take this form filled out to your advisor.

I have talked with my advisee about the request for additional credits and the implications of taking on an additional course. We have agreed that this is the best solution to address my advisees concerns.

Rationale for overload:

Advisor Signature: _____

Date: _____

Take this form to the department chairperson.

I am aware of this request and agree with it.

Rationale for overload:

Chairperson Signature: _____

Date: _____

Take this filled out form to the Deans Office, S101 of the Kansas Technology Center.

Dean Signature: _____

Date: _____